

DEPARTMENT OF REVENUEUnclaimed Property Section

PERSONAL AFFIDAVIT

Instructions

RE:

1. Complete the form below. **Note:** Your signature must be notarized.

Unclaimed Property Account No.:_____

2. Return this form along with your completed claim form and required documentation (refer to claim form for required documentation) to our office.

In the amount of \$					
, hereby affirm that I am duly authorized to claim these funds **Print or Type Name**					
as may be held by the Unclaimed Property Sec					
		C		•	
I further affirm the following:					
■ I am unable to provide proof of the addr listed in <i>Box G</i> .	ess listed in A	Box C or a b	usiness	relationship w	ith the company
 In the event of a superior claim being re Unclaimed Property and return such fun 					
One familied 11 operty and retain such run	ids us receive	a pursuant t	o the cre	iiii uttuciica ii	Cicwidi.
Signature				Date	
Subscribed and sworn to before me this		day of			
Subscribed and sworn to before me this	Day	00, 01		Month	Year .
Notary's Signature					
Notary in and for the state of					
My commission expires					
					davit(s) with the signed laim form(s) to:

For tax assistance visit http://dor.wa.gov or call 1-800-647-7706. To inquire about the availability of this document in an alternate format for the visually impaired, please call (360) 705-6715. Teletype (TTY) users may call 1-800-451-7985.

State of Washington Department of Revenue Unclaimed Property Section PO Box 47477 Olympia, WA 98504-7477